VERIFICATION

The responsible accounting officer shall verify this report under oath.

| OATH |
|--|
| State of Illinois |
| County of Bureau) |
|) |
| Diana Stiles |
| (Insert here the name of the person authorized to execute this Verification.) |
| he or she is Bureau County 911 Director |
| (Insert here the exact legal title of the authorized person.) |
| Of Bureau Emergency Communications |
| (Insert here the exact legal name of the emergency telephone system board/qualified governmental entity/other entity.) |
| that he or she is duly authorized to execute this verification; that he or she has examined the foregoing Form AR-911 (Oct 2016) Excel Workbook (hereinafter referred to as "Report"); that to the best of his or her knowledge, information, and belief, all statements of fact contained in the said Report are true; that the said Report is a correct statement of the business and affairs of the above-named emergency telephone system board/qualified governmental entity/other entity in respect to each and every matter set forth therein; |
| Check one of the following: |
| that he or she has personal knowledge that the said Report is based upon independently audited financial statements for the most recently completed and audited fiscal year ending or |
| available to the Department Staff upon request; and that the data within the said Report can be reconciled to the audited financial statements. |
| or |
| that he or she has personal knowledge that the said Report was audited by an independent auditor; and that the independent auditor's report and workpapers are available to the Department Staff upon request. |
| Diana Stiles |
| (Signature of authorized person) |
| Subscribed and sworn to before me, a Notary in and for the State and County above named, this 13th day of 5ptensor, 2016. |
| "OFFICIAL SEAL" |
| (seal) M A MACIEJEWSKI Notary Public, State of Illinois (Signature of officer authorized to administrate and the seal of th |
| My Commission Expires 02/01/2018 |